

FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS
CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Carlos E Simmons
 Name
 (2) 120 Golden Isles Drive
 Address (number and street)
Hollandale Beach, FL 33009
 City, State, Zip Code

OFFICE USE ONLY

CITY OF HALLANDALE
 CITY CLERK
 09 FEB - 2 AM 8:18

☐ CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

(4) Check appropriate box(es):

☒ Candidate (office sought):

☐ Political Committee

☐ Committee of Continuous Existence

☐ Party Executive Committee

☐ Electioneering Communication

Commissioner City of Hallandale Beach

☐ CHECK IF PC HAS DISBANDED

☐ CHECK IF CCE HAS DISBANDED

☐ CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

(5) REPORT IDENTIFIERS

Cover Period: From 10 / 31 / 08 To 02 / 02 / 2009 Report Type TR

☐ Original ☐ Amendment ☐ Special Election Report ☐ Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ _____

Loans \$ _____

Total Monetary \$ _____

In-Kind \$ _____

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 1722.

Transfers to Office Account \$ _____

Total Monetary \$ _____

(8) Other Distributions \$ _____

(9) TOTAL Monetary Contributions To Date
 \$ 15,630

(10) TOTAL Monetary Expenditures To Date
 \$ 15,630

(11) CERTIFICATION

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete.

(Type name)

ILENE SULTAN

☐ Individual (only for electioneering commun.) ☐ Treasurer ☐ Deputy Treasurer

X Ilene Sultan
 Signature

I certify that I have examined this report and it is true, correct, and complete.

(Type name)

Carlos E Simmons

☐ Candidate ☐ Chairperson (only for PC, PTY & electioneering commun. organization)

X Carlos E Simmons
 Signature

(1) Name _____ (2) I.D. Number _____

(3) Cover Period ____/____/____ through ____/____/____ (4) Page _____ of _____

DS-DE 14 (Rev. 08/03) SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES